

224951

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 250 - T

JUL 21 2010

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

T.T.W.W.W.

(Please type or print)

Submitted by:

Telephone:

843-718-5780

Address:

273 ALEXANDRA DR #6

Fax:

MT. PLEASANT SC 29464

Other:

Email:

CHRISTIANBRANSON@comcast.com

NOTE: This cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

JUL 23 2010

If you have any questions about this form, please call the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

Date: 7-21-10

CLASS C - TAXI

JUL 21 2010

ORS
 T.T.W.W.W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Christian Bramson d/b/a

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Captain Taxi

273 ALEXANDRA DR. #6 MT. PLEASANT, SC 29464

Street Address of Applicant

Mailing Address of Applicant if different from street address

843 718-5780

Phone

Fax

CHRISTIANBRAMSON@GMAIL.COM

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

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JUL 28 2010

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	1000 ⁰⁰
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	3000 ⁰⁰
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	4000 ⁰⁰
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	INS. 2500 YR.
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

~~\$5⁰⁰~~ to ~~40⁰⁰~~ MT. P, IOP, SF, DUNN

Counties to be Served:

CHAS,

Maximum Number of Passengers per Vehicle:

~~7~~ 7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Christian Branson DBA CAPTA

Name of Motor Carrier

273 Alexandra Dr #6 Mt. Pleasant, SC
29464

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance

\$2069.00

Limits

100/350/100

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

By: National Casualty Underwriter
JOHNSON AND JOHNSON MANAGERS
 Name of Insurance Company

PO BOX 889 200 WINDY WAY #200 MT. PLEASANT, SC 29464
 Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-21-10
 Date

[Signature]
 Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Johnson & Johnson, Inc., Managers

P.O. Box 899
200 Wingo Way, Suite 200
Mt Pleasant, SC 29464

Phone: (843) 577-1436 (Direct)
Fax: (843) 577-1536 (Direct)
Nationwide: 800-487-7565 (ext. 3036)
cd@jjins.com

July 13, 2010

Producer: Wynn & Associates, Inc.
Subject: Christian Bramson
Quote # TRQ05595

Effective Date: ASAP

Company	National Casualty Co		
Liability sym 7	\$ 350,000	Liability Premium	\$ 2,069.00
Med Pay sym 7	\$ 5,000	Med Pay Premium	\$ 93.00
UM sym 7	\$ 100,000	UM Premium	\$ 150.00
		Commission	10 %
Quotes Based On	Public:1 Tractors: Trailers: Wrecker/Tow: Trucks:		
Company	National Casualty Co		
Comprehensive	\$ 500 DED	Physical Damage Prem.	\$ 175.00
Collision	\$ 500 DED		
		Total Values	\$ 3,000
		Commission	10%

Eva Davis

Quoted By: Transportation Underwriter

NOTE: Coverage & Limits quoted may differ from those requested.

Quote subject to:

- Insured/all drivers must have at least 2 (two) years of verifiable experience driving such units and transporting public livery.
- Need to know prior carrier for when insured operated the same type of business in other state. Need to know loss history. Loss runs are preferred.
- Local Radius =<100 miles
- Acceptable MVRs - quote is based in clean MVR
- Vehicle must be titled to the business
- No personal use
- Need proof of other units used for personal use. Must have copy of decs of personal auto policy
- Copy of signed & dated contracts with the repair shops and/or referral company
- CA2402 - Public Transportation Autos, CA-77 - Sexual and/or Physical Abuse Exclusion
- As per www.edmunds.com the value of the unit is about \$3,000 max. That is the value used on this quote. If we need to change, please let me know.

This quotation is subject to Signed Application, Signed UM/UIM Forms and Favorable MVR Reports. If any of these conditions do not meet our approved guidelines, immediate termination of the policy will take place. The

Exhibit FWA

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's Insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R. 103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF CHARLESTON)

[Signature]
Applicant's Signature

I, Christian Branson, Owner
Name of Applicant's Representative Title

of CAPTAIN TAXI
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

SIGN →

[Signature]
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 21 day of July, 20 10

[Signature]
Notary Public

Commission Expires 8/18/2016

